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## \*BIBDATASHEET\*

Bib Data Sheet

**CONFIRMATION NO. 6989** 

| <b>SERIAL NUMBER</b> 10/005,390   | FILING OR 371(c) DATE 12/03/2001 RULE  | CLASS G          |                   | GRO         | GROUP ART UNIT<br>3762                  |                    |    | ATTORNEY<br>DOCKET NO.<br>16865-00011 |  |
|---|--|------------------|-------------------|-------------|---|--------------------|----|---------------------------------------|--|
| APPLICANTS Stephen M. Za  | appala, Andover, MA;   |                  |                   |             |   |                    |    |                                       |  |
| ** CONTINUING DATA **********************************                               |  |                  |                   |             |   |                    |    |                                       |  |
| ** FOREIGN APPLICATIONS ************************************                        |  |                  |                   |             |   |                    |    |                                       |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/04/2002                           |  |                  |                   |             |   |                    |    |                                       |  |
| met Allowance  Verified and Examiner's Signature Initials                           |  |                  | E OR<br>ITRY<br>A | DRAWING CLA |   | TOT.<br>CLAI<br>14 | MS | INDEPENDENT<br>CLAIMS<br>3            |  |
| ADDRESS Jenifer E. Haeckl Mirick, O'Connell, De 100 Front Street Worcester ,MA 0160 | Mallie & Lougee, LLP   |                  |                   |             |   |                    |    |                                       |  |
| TITLE<br>Implantable device a   | nd method for managing   | erectile dysfunc | tion              |             |   |                    |    |                                       |  |
|   |  |                  |                   |             | ☐ All Fees                              |                    |    |                                       |  |
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